

UNITED STATES DISTRICT COURT

for the

Western District of Wisconsin

Stanford Clacks

v.

Kwik Trip, Inc.

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)
)
)
)

Case No.: 3:21-cv-00611-jdp

BILL OF COSTS

Judgment having been entered in the above entitled action on 04/26/2023 against Plaintiff, Stanford Clacks,
Date
 the Clerk is requested to tax the following as costs:

Fees of the Clerk	\$
Fees for service of summons and subpoena	1,241.50
Fees for printed or electronically recorded transcripts necessarily obtained for use in the case	1,280.00
Fees and disbursements for printing	563.21
Fees for witnesses (<i>itemize on page two</i>)	0.00
Fees for exemplification and the costs of making copies of any materials where the copies are necessarily obtained for use in the case.
Docket fees under 28 U.S.C. 1923
Costs as shown on Mandate of Court of Appeals
Compensation of court-appointed experts
Compensation of interpreters and costs of special interpretation services under 28 U.S.C. 1828
Other costs (<i>please itemize</i>)	36.50
TOTAL	\$ 3,121.21

SPECIAL NOTE: Attach to your bill an itemization and documentation for requested costs in all categories.

Declaration

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill has been served on all parties in the following manner:



Electronic service



First class mail, postage prepaid



Other:

s/ Attorney: /s/ Jacqueline E. KalkName of Attorney: Jacqueline E. Kalk

For: Defendant, Kwik Trip, Inc.
Name of Claiming Party

Date:

Taxation of Costs

Costs are taxed in the amount of and included in the judgment.

By:

*Clerk of Court**Deputy Clerk**Date*

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WISCONSIN

Stanford Clacks,

Plaintiff,

Case No. 21-CV-611-jdp

vs.

Kwik Trip, Inc.,

Defendant.

ITEMIZATION OF COSTS

Fees for Service of Subpoenas

<i>Description</i>	<i>Amount</i>
Platinum Courier - Subpoena to McLane Foodservice, Inc.	\$206.00
Platinum Courier – Subpoena to Wal-Mart	\$70.50
Platinum Courier – Subpoena to Masterson Staffing Solutions	\$75.00
Platinum Courier – Subpoena to FedEx Group Package Systems, Inc.	\$185.00
Platinum Courier – Subpoena to Pepsi Beverage Company	\$75.00
Platinum Courier – Subpoena Wellspring Telehealth, LLC	\$195.00
Platinum Courier – Subpoena to J B Hunt Transport, Inc.	185.00
Platinum Courier – Subpoena to Outreach Corporation	250.00
Subtotal	\$1,241.50

Fees for printed or electronically recorded transcripts

<i>Description</i>	<i>Amount</i>
Veritext – Plaintiff’s Deposition	\$1,280.00

Fees and disbursements for printing

<i>Description</i>	<i>Amount</i>
Xact Data Discovery – Printing of Exhibits (Plaintiff’s Deposition)	\$563.21

Other Costs

<i>Description</i>	<i>Amount</i>
Ciox Health – Electronic Data Fee for Records from Dean Medical Group	\$2.00
Ciox Health – Electronic Data Fee for Records from Concentra	\$2.00
Ciox Health – Electronic Data Fee for Records from UW Health	\$2.00
Ciox Health – Electronic Data Fee for Records from Prairie Ridge Health	\$2.00
McLane Company, Inc. – Fee for Obtaining Plaintiff’s Employment Records	\$28.50
Subtotal	\$36.50
GRAND TOTAL	\$3,121.21

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

CIOX

HEALTH

INVOICE

Invoice #: **0369613333**Date: **04/04/2022**Customer #: **1192123**

Ship to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Bill to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Records from:

DEAN MEDICAL GROUP
 2202 W BELTLINE HWY
 MADISON,WI 53713-2342

Requested By: LITTLER MENDELSON PC

DOB : 09/25/1992

Patient Name: CLACKS STANFORD

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Elect) 1	40	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			2.00
Sales Tax			0.00
Invoice Total			2.00
Balance Due			2.00
Terms: Net 30 days Please remit this amount : \$2.00(USD)			

**Ciox Health**

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Get future medical records as soon as they are processed,
 by signing up for secure electronic delivery.
 Register at: <https://edelivery.cioxhealth.com>

Invoice #: **0369613333**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

0440

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

CIOX

HEALTH

INVOICE

Invoice #: **0370039300**Date: **04/07/2022**Customer #: **1192123**

Ship to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Bill to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Records from:

CONCENTRA WI/MAD
 1619 NORTH STOUGHTON ROAD
 MADISON,WI 53704

Requested By: LITTLER MENDELSON PC

DOB : 09/25/1992

Patient Name: CLACKS STANFORD

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Elect) 1	43	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			2.00
Sales Tax			0.00
Invoice Total			2.00
Balance Due			2.00
Terms: Net 30 days Please remit this amount : \$2.00(USD)			

**Ciox Health**

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Get future medical records as soon as they are processed,
 by signing up for secure electronic delivery.
 Register at: <https://edelivery.cioxhealth.com>

Invoice #: **0370039300**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

Ciox Health

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

CIOX

HEALTH

INVOICE

Invoice #: **0369380044**Date: **03/31/2022**Customer #: **1192123**

Ship to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Bill to:

QUANG TRANG
 LITTLER MENDELSON PC
 1300 IDS CENTER
 80 S 8TH ST
 MINNEAPOLIS,MN 55402-2100

Records from:

PRAIRIE RIDGE HEALTH
 1515 PARK AVE
 COLUMBUS,WI 53925-1618

Requested By: LITTLER MENDELSON PC

DOB : 09/25/1992

Patient Name: CLACKS STANFORD

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Elect) 1	16	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			2.00
Sales Tax			0.00
Invoice Total			2.00
Balance Due			2.00
Terms: Net 30 days Please remit this amount : \$2.00(USD)			

**Ciox Health**

P.O. Box 409740
 Atlanta, Georgia 30384-9740
 Fed Tax ID 58 - 2659941
 1-800-367-1500

Get future medical records as soon as they are processed,
 by signing up for secure electronic delivery.
 Register at: <https://edelivery.cioxhealth.com>

Invoice #: **0369380044**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

Ciox Health

P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: **0371292615**
Date: **04/20/2022**
Customer #: **1192123**

Ship to:

LITTLER MENDELSON PC
LITTLER MENDELSON PC
1300 IDS CENTER
80 S 8TH ST
MINNEAPOLIS,MN 55402-2100

Bill to:

LITTLER MENDELSON PC
LITTLER MENDELSON PC
1300 IDS CENTER
80 S 8TH ST
MINNEAPOLIS,MN 55402-2100

Records from:

UW HEALTH
8501 EXCELSIOR DR
MADISON,WI 53717

Requested By: LITTLER MENDELSON PC
Patient Name: CLACKS STANFORD

DOB : 09/25/1992

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Elect) 1	13	0.00	0.00
Electronic Data Archive Fee			2.00
Subtotal			2.00
Sales Tax			0.00
Invoice Total			2.00
Balance Due			2.00

Terms: Net 30 days **Please remit this amount : \$2.00(USD)**

**Ciox Health**

P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: <https://edelivery.cioxhealth.com>

Invoice #: **0371292615**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.



February 15, 2023

Susan Esparza
McLane Company, Inc.
Direct dial: 254.770.5378
Fax: 254.771.7515
susan.esparza@mclaneco.com

VIA FEDEX
VIA OneDrive: QTrang@littler.com

Re: Stanford Clacks

Littler Mendelson, PC
Attn: Quang Trang
80 S. 8th street Suite 1300
Minneapolis, MN 55402-2136

Dear Mr. Trang:

Please be advised that our office is in receipt of your records request regarding the above-referenced individual. I wanted to let you know that Mr. Clacks was hired on October 26, 2021 and then he resigned on May 4, 2022. He was rehired by the same division on June 22, 2022 and resigned again on July 4, 2022. Enclosed please find said records. Within 15 days of receipt, please forward a check to my attention in the amount of **\$28.50** made payable to **McLane Company, Inc.** at **PO Box 6115, Temple, TX 76503**. Payment reflects copying charges of \$.10/page for 35 pages, plus a \$25.00 administrative and delivery cost reimbursement fee. Our TAX ID is **74-1478631**.

If you have any questions, please do not hesitate to contact me at 254-770-5378 and I will be happy to assist you.

Sincerely,

/s/

Susan Esparza
Executive Assistant
McLane Legal Department

P.O. Box 6115 / 4747 McLane Parkway
Temple, TX 76503

McLANECO.COM

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. McLane Company, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 6115	Requester's name and address (optional)
6 City, state, and ZIP code Temple, TX 76503	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
7	4		1	4	7	8	6	3	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

[Handwritten Signature]

Date ►

4/29/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Reference 2/1/2022-5/1/2023

Ticket Date Time Account:	Caller Reference POD LITTLER	From LITTLER MENDELSON	To	Charge Detail	Total	
417124	KIM BROGREN	LITTLER MENDELSON	McLANE FOODSERVICE, INC., c/o CT Corp	RUSH SVC	272.45	195.00
3/29/2022	047514.1077	80 SOUTH 8TH STREET #1300	301 S. BEDFORD ST, STE. 1	Weight	0.00	0.00
4:13 PM	SERVED 3/30	MINNEAPOLIS, MN 554	MADISON, WI	Wait Time	0.00	0.00
			53703	Pieces	0.00	0.00
		United States	United States	Boxes	0.00	0.00
			SERVED 3/30	Print Charge	50.00	11.00
			4/2/2022 1:00 PM	Witness Fee	0.00	0.00
						206.00
417125	KIM BROGREN	LITTLER MENDELSON	WAL-MART, INC. c/ o CT Corp	SERVICE	1.00	65.00
3/29/2022	047514.1077	80 SOUTH 8TH STREET #1300	1010 DALE ST. N.	Weight	0.00	0.00
4:19 PM	Bob Gustafson, Intake Specialist	MINNEAPOLIS, MN 554	SAINT PAUL, MN	Wait Time	0.00	0.00
			55117	Pieces	0.00	0.00
		United States	United States	Boxes	0.00	0.00
			Bob Gustafson, Intake Specialist	Print Charge	25.00	5.50
			3/30/2022 1:28 PM	Witness Fee	0.00	0.00
						70.50
417126	KIM BROGREN	LITTLER MENDELSON	MASTERTON STAFFING SOLUTIONS	Distance	13.00	75.00
3/29/2022	047514.1077	80 SOUTH 8TH STREET #1300	3300 FERNBROOK LANE N., STE. 200	Weight	0.00	0.00
4:20 PM	Peter Kraemer accounting manager	MINNEAPOLIS, MN 554	PLYMOUTH, MN	Wait Time	0.00	0.00
			55447	Pieces	0.00	0.00
		United States	United States	Boxes	0.00	0.00
			Peter Kraemer accounting manager	Print Charge	0.00	0.00
			3/30/2022 9:41 AM	Witness Fee	0.00	0.00
						75.00

Redacted

418508	KIM BROGREN	LITTLER MENDELSON	WELLSPRING TELEHEALTH, LLC, c/o CSC	Distance	1170.45	195.00
4/18/2022	047514.1077	80 SOUTH 8TH STREET #1300	211 E 7TH ST. STE. 620	Weight	0.00	0.00
2:52 PM	served	MINNEAPOLIS, MN 554	AUSTIN, TX	Wait Time	0.00	0.00
			78701	Pieces	0.00	0.00
		United States	United States served	Boxes	0.00	0.00
			4/30/2022 5:44 PM	Print Charge	0.00	0.00
				Witness Fee	0.00	0.00
						195.00



Reference 2/1/2022-5/1/2023

Ticket	Caller					
Date	Reference					
Time	POD	From	To	Charge Detail		Total
Account:	LITTLER	LITTLER MENDELSON				
418001	KIM BROGREN	LITTLER MENDELSON	FedEx Ground Package Systems, Inc. C/o CT Corporation System	Distance	272.42	185.00
				Weight	0.00	0.00
4/12/2022	KWIK TRIP - CLACKS, STANFORD - 0	80 SOUTH 8TH STREET #1300	301 S. Bedford St., Suite 1	Wait Time	0.00	0.00
2:00 PM	served	MINNEAPOLIS, MN 554	Madison, WI	Pieces	0.00	0.00
			63703	Boxes	0.00	0.00
		United States	United States served	Print Charge	0.00	0.00
			4/15/2022 8:43 PM	Witness Fee	0.00	0.00
						185.00
418002	KIM BROGREN	LITTLER MENDELSON	Pepsi Beverage Company C/o CT Corporation System	Distance	272.42	75.00
				Weight	0.00	0.00
4/12/2022	KWIK TRIP - CLACKS, STANFORD - 0	80 SOUTH 8TH STREET #1300	301 S. Bedford St., Suite 1	Wait Time	0.00	0.00
2:02 PM	served	MINNEAPOLIS, MN 554	Madison, WI	Pieces	0.00	0.00
			63703	Boxes	0.00	0.00
		United States	United States served	Print Charge	0.00	0.00
			4/15/2022 8:43 PM	Witness Fee	0.00	0.00
						75.00



Reference 2/1/2022-5/1/2023

Ticket Date Time Account:	Caller Reference POD LITTLER	From LITTLER MENDELSON	To	Charge Detail	Total
434371	Kim Brogren	LITTLER MENDELSON	J.B. Hunt Transport, Inc	Distance	271.93
2/7/2023	047514.1077	80 SOUTH 8TH STREET #1300	33 East Main St., Suite 610	Weight	0.00
1:19 PM		MINNEAPOLIS,	Madison, WI	Wait Time	0.00
		55402	53703	Pieces	0.00
		United States	United States	Boxes	0.00
				Print Charge	0.00
				Witness Fee	0.00
					185.00

Redacted



Reference 2/1/2022-5/1/2023

Ticket	Caller					
Date	Reference					
Time	POD	From	To	Charge Detail		Total
Account:	LITTLER	LITTLER MENDELSON				
430803	Kim Brogren	LITTLER MENDELSON	Outreach C/o GKL Registered Agents, Inc.	service	1.00	250.00
12/2/2022	115027.1001	80 SOUTH 8TH STREET #1300	2716 SW Elmgrove St.	Weight	0.00	0.00
3:41 PM	served	MINNEAPOLIS, MN 554	Seattle, WA	Wait Time	0.00	0.00
			98126	Pieces	0.00	0.00
		United States	United States	Boxes	0.00	0.00
			served	Print Charge	0.00	0.00
			12/14/2022 1:48 PM	Witness Fee	0.00	0.00
						250.00

Redacted

047514.1077

02131

Veritext, LLC - Midwest Region

Tel. 612-339-0545 Email: billing-chi@veritext.com
 Fed. Tax ID: 20-3132569



Bill To: Jacqueline E. Kalk
 Littler Mendelson PC
 80 South 8th Street
 Suite 1300
 Minneapolis, MN, 55402-2136

Invoice #: 5771601
 Invoice Date: 5/12/2022
 Balance Due: \$1,280.00

Case: Clacks, Stanford v. Kwik Trip, Inc. (21CV611)**Proceeding Type: Depositions**

Job #: 5146578 | Job Date: 4/26/2022 | Delivery: Normal Client Matter #: 047514.1077

Location: Madison, WI

Billing Atty: Jacqueline E. Kalk

Scheduling Atty: Emily A. McNee | Littler Mendelson PC

Witness: Stanford Clacks	Quantity	Price	Amount
Original with 1 Certified Transcript	210.00	\$4.05	\$850.50
Attendance	1.00	\$150.00	\$150.00
Exhibits	33.00	\$0.50	\$16.50
Litigation Package-Secure File Suite	1.00	\$24.00	\$24.00
Conference Suite & Amenities	1.00	\$225.00	\$225.00
Electronic Delivery and Handling	1.00	\$14.00	\$14.00

Notes:	Invoice Total:	\$1,280.00
	Payment:	\$0.00
	Credit:	\$0.00
	Interest:	\$0.00
	Balance Due:	\$1,280.00

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments will be made after 90 days. For more information on charges related to our services please consult <http://www.veritext.com/services/all-services/services-information>

Pay by Check - Remit to:
 Veritext
 P.O. Box 71303
 Chicago IL 60694-1303
 Fed. Tax ID: 20-3132569

Pay By ACH (Include invoice numbers):
 A/C Name: Veritext
 Bank Name: BMO Harris Bank
 A/C #: 4353454 ABA: 071000288
 SWIFT: HATRUS44
Pay by Credit Card: www.veritext.com

Invoice #: 5771601
 Invoice Date: 5/12/2022
 Balance Due: \$1,280.00

Print/folder three sets of depo docs



Invoice

Corporate Office

Xact Data Discovery
5800 Foxridge Dr, Suite 406
Mission, Kansas 66202
Tax ID: 43-1685216

Remittance Address

PO Box 714800
Cincinnati, Ohio 45271-4800
Tax: 43-1685216

STRICTLY CONFIDENTIAL
Invoice To:

Littler Mendelson
Theresa Peterson
80 S. Eighth Street, Suite 1300
Minneapolis, MN 55402
United States

Invoice Date	Invoice Number
4/30/2022	22-040050

Engagement No.	Contact	PO Number	Payment Terms
109246-P00001	Theresa Peterson	047514-1077	NET 30

Description	Quantity	Unit of Measure	Unit Price	Extended Price
B/W Prints	858.00	EACH	\$0.12	\$102.96
Color Prints	435.00	EACH	\$0.55	\$239.25
Custom File Folders	94.00	EACH	\$1.50	\$141.00
Redweld	1.00	EACH	\$5.00	\$5.00
Hand Labor	1.00	EACH	\$75.00	\$75.00

TERMS: Unless otherwise covered by a separate written agreement, this invoice is due and payable within 30 days of receipt and past due after that. Client is subject to maximum allowable finance charges on all past due accounts plus any related attorney fees and collection charges incurred by Xact Data Discovery.

Subtotal	\$563.21
Misc	\$0.00
Tax	\$0.00
Delivery	\$0.00
Total	\$563.21

Bank Information

Bank Name: Key Bank Account Name: Xcellence, Inc. d/b/a Xact Data Discovery Account Number: 359681503124 / Routing Number: 041001039 / SWIFT Code: KEYBUS33 For electronic payment, kindly send remittance details via email to: accountsreceivable@consilio.com Please include invoice number(s) to ensure proper credit.